

Healthcare Service Provider Agreement

Date: _____

Provider Name: _____

Provider Address: _____

Healthcare Organization Name: _____

Organization Address: _____

1. Purpose

This agreement outlines the terms and conditions under which the healthcare service provider will deliver services to the patients of the healthcare organization.

2. Services Provided

The provider agrees to deliver the following services: _____

3. Compensation

The healthcare organization agrees to compensate the provider as follows: _____

4. Duration

This agreement shall commence on _____ and shall remain in effect until _____ unless terminated earlier in accordance with the terms of this agreement.

5. Termination

Either party may terminate this agreement with _____ days written notice to the other party.

6. Confidentiality

Both parties agree to maintain the confidentiality of patient information as required by law.

7. Governing Law

This agreement shall be governed by the laws of the state of _____.

Signatures

Provider Signature: _____

Date: _____

Healthcare Organization Signature: _____

Date: _____